MARGIN RESERVED FOR BINDIN

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1)	E
	CTATA STATE
0. 1	N.M.
S. No.	-
>	1

		hester		SHATE LINITE	Registration Dist. No. II6
Village or			ige, Md.	(1	No. 203 Academy Street st., 4 f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of res	idence in ci	ity or town where	death occurred	5 yrsmos	sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NA			J. Abbo		
(a) Reside	nce: No	203 Acs	damy St		St., 4 Ward. If nonresident give city or town and State
PERSON	NAL AN	D STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH
3. SEX		r or race	5. SINGLE, MA OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Hay Ist, 193 3
5a. If married, wido HUSBAND of			ine Ter	cmc 1 1	(Month) (Day) (Ye
(or) WIFE of	2360 0 6	ÖTTTS	Liid Dill	ETSTT.	1 HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH	(month, day	v. and year)	2/11/184	18	I last saw bin alive on bere 15, 1953; death
7. AGE Ye	ars	Months	Days	If LESS than	to have occurred on the date stated above, at 7 . 45 Pm. M.
88	5	2	20	l day,hrs.	
9. Industry or work was SAW MI 10. Date decease this occur	ession, or pa work done, BDDKKEE business in s done, as S LL, BANK, e	articular as SPINNER, EPER, etc which SILK MILL, etc rked at nth and	None X	time (years)	1 1 1
Nind of SAWYEE SAWYEE SAWYEE OF SAWYEE OF SAWYEE OF SAW MID 10. Date decease this occurrence of the same saw	ession, or pa work done, d. BDDKKEE business in s done, as S LL, BANK, e seed last wor repation (mon	articular as SPINNER, :PER, etc	None 11. Total sp oc.	time (years)	were as follows: Date o
Nind of SAWYEE SAWYEE OF SAWYEE OF SAWYEE OF SAW MID 10. Date decear this occupear)	ession, or pa work done, c, BDDKKEE business in ss done, as S LL, BANK, e sed last wor pation (mon ity or town) intry)	articular as SPINNER, PER, etc	None II. Total sp oc. Lisland	time (years)	bhroued Muyo-carditis Date o
Nind of SAWYEE SAWYEE OF SAWYEE OF SAWYEE OF SAW MID 10. Date decease this occupaer) 12. BIRTHPLACE (c (State or cou	ession, or pa work done, to BDDKKEE business in s done, as S LL, BANK, e sed last wor upation (mon ity or town) ntry)	articular as SPINNER, iPER, etc. 1 which SILK MILL, etc. ked at nth and Deals a	None 11. Total sp oc. Usland ryland.	time (years)	Were as follows: Blirowie Muyo earditis Date o Do not not not not not not not not not no
Nind of SAWYEE SAWYEE SAWYEE OF SAWYEE OF SAW MI OF SAW	ession, or pa work done, to BDDKKEE business in s done, as S LL, BANK, e sed last wor upation (mon ity or town) ntry)	articular as SPINNER, iPER, etc. 1 which SILK MILL, etc. ked at nth and Deals a	None II. Total sp oc. Lisland	time (years) ent in this x upation X	Date of
12. BIRTHPLACE (c (State or cou	ession, or payork done, BDDKKEE business is done, as SLL, BANK, exed last wor upation (more than 1) with the business wi	articular as SPINNER, PER, etc. in which SILK MILL, etc. Ped at nth and Deals Abbot Dea	None 11. Total sp oc: Lisland ryland. tt. Lisland Marylan Webster	time (years) ant in this x upation X	Date of
12. BIRTHPLACE (c (State or cou	ession, or pa work done, , BDDKKE in business in s done, as S LL, BANK, e seed last wor apation (moi ity or town) ntry) Wm H E (city or to r country)	articular as SPINNER, PER, etc. 1 which SILK MILL, etc. 2 Peals and Abbot bwn) Dea	None 11. Total sp oc: Lisland ryland. t. Lis Isla Marylan Webster	time (years) ant in this x upation X und	Date of
12. BIRTHPLACE (c (State or cou	ession, or pawork done, to BDKKEE business in s done, as SLL, BANK, c seed last wor pation (more than 1) when the country) WM H (city or to recountry) ME (city or to recountry)	articular as SPINNER, PER, etc. 1 which SILK MILL, etc. 1 which SILK MILL, etc. 2 Deals and 2 Deals bwn) Dea Lev na wwn) Dea	None 11. Total sp oc: Lisland ryland tis Isla Marylan Webster ls Isla Marylan Dail.	time (years) ant in this x and and and and and and and and and an	Date of
12. BIRTHPLACE (c (State or coursell of BirthPLACE) 13. NAME 14. BIRTHPLACE 15. MAIDEN NA 16. BIRTHPLACE (State or coursell of BirthPLACE) (State or coursell of BirthPLACE) 17. INFDRMANT (State or CAddress) 18. BURIAL, CREMA	ession, or payors done, or payors done, or payors done, as St.L, BANK, or payors done, as St.	articular articular as SPINNER, PER, etc. I which SILK MILL, etc. I which I which Deals Abbot Deals Lev na I wwn) Dea Ceorge Mbridge REMDVAL	None 11. Total sp oc. 2. Island ryland. 11. Isla Marylan Webster 11. Isla Marylan Marylan Dail.	time (years) entin this yupation X und .	Date of
12. BIRTHPLACE (c (State or coursell of BirthPLACE) 13. NAME 14. BIRTHPLACE 15. MAIDEN NA 16. BIRTHPLACE (State or coursell of BirthPLACE) (State or coursell of BirthPLACE) 17. INFDRMANT (State or CAddress) 18. BURIAL, CREMA	ession, or payork done, to business in sidone, as SLL, BANK, ested last worm expation (more last) with the country) WM H E (city or to recountry) MME E (city or to recountry) MME TION, DR R TON, DR R TON, DR R TOTAL	articular as SPINNER, PER, etc. I which SILK MILL, etc. I which I whic	None X 11. Total sp oc: S Island ryland tt. Is Isla Marylar Webster Is Isla Marylar Dail. Date 5/ Le Com	ime (years) entin this wind this wind and and and and and and and and and a	Date of Date of Importance: Name of operation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A	

7. PHYSICIANS should state Exact statement of OCCUPA-T RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.—WRITE PLAINLY

SIAIE	OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TO BIO OF		(95-2)
County Dorchester	RPO	DAYS CIBITO	Registration Dist. No.
Village or City Cambridge	9		No. 11 School House Lane St., Ward
Length of residence in city or town where	death occurred. 3	8 yrs mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Raymor	nd Bevan	S	
(a) Residence: No. 11 Sch	ool Hous	e Lane	St., Ward.
	(Usual plac		If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col.		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Nezerine B	evans		22. I HEREBY CERTIFY, That I attended daceased from May 30
E DATE OF BIRTH (march days and days an	eb. 12.	1895	im May 30 1933
6. DATE OF BIRTH (month, day, and year) 17. AGE Years Months	Davs	If LESS than	to have occurred on the data stated above, at 10.30m, PM
33 3	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	-	ormin.	were as follows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer		Acute dilitation of heart,
9 Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc	Any		
this occupation (month and	Sp.	time (years) ent in this cupation	
		su pation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Changa (State or country)	• Md		
置 13. NAME John Bevan	8		
Ш 10. МАНЕ			N on e
14. BIRTHPLACE (city or town) Character or country)	ance Ma.		Name of operation
			What test confirmed diagnosis? Exam Was there In Qutopsy?
15. MAIDEN NAME Edith -	ce Md		23. If death was due to external causes (VIOL ENCE) fill in also the following:
(Stata or country)	Cu Ma.		Accident, suicide, or homicide?
17. INFORMANT Nezerine Bev	ans		(Specify city or town, county and State)
17. INFORMANT autoride	2.		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	. 1		Manner of injury
Place 1 amberio	Man yer	16 4 , 1935	Nature of injury
19. UNDERTAKER Lews HB.	nenne		24. Was disease or injury in any way related to occupation of deceased?
(Address)	lat n	al)	If so, specify
20. FILED Ame 2 1933	Escu	best	(Signed) John Mocey, M.
To The Late of the		Registrar.	(Address)
If mor	e blanks are needed,	address State Registrar,	2411 N. Charles Sereet, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDI FOR MARGIN RESERVED

See instructions on back of certificate.

TION is very important.

V. S. No. 1

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STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
JIAIL		MAL	AINU.	CLIVIII	CAIL		DLAII

1	PLACE OF	F DEAT	TH C	1 1/1/ (1)		89 (15)	068
County Dorchester						Registration Dist. No	176
					(IF	No.Eastern Shore State HospitalSt, death occurred in a hospital or institution, give its NAME instead of street an ds. How long in U.S. if of foreign birth?yrs.	Ward d number)
							mos
2	. FULL NAI			ames A.	Davis		
Wester	(a) Residen	ce: NoJ	Bucktown,	Md . (Usual place	of abode)	St., Ward. If nonresident give city or town a	nd State
	-			CAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3, 5	Male	4. COLO	R OR RACE	5. SINGLE, MAR OR DIVORCE Sin	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 198 3
5a.	If married, widow			SIII	510	(Month) (Day)	(Yaar)
	HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended November 11, 1933, to May 6.	
6. 1	OATE OF BIRTH (month, day	and yeer) Unl	nown		I last saw h_ JIR alive on May 6, 19 3	
7. /	1 day,hrs.				1 day,hrs.	to have occurred on the date stated above, at 11:45Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
About 52 ormin.					l ormin.	were as follows:	Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPR, etc. Farmer					er		
9 Industry or husiness in which						General Paresis of the Insane	10 yrs.
CUF			ILK MILL,	Laborer			ago
8	10. Dato deceased last worked at this occupation (month and occupation with the social part in this new year) - Unix nown			11. Total t	ime (years) nt In this upation_Unknow]		
12. BIRTHPLACE (city or town) Secretary (State or country) Md.					Other Contributory Causes of Importance:		
ER	13. NAME	Jan	nes Davis	3			
FATHER	14. BIRTHPLACE (State or		wn)	Unknown M	d.	Name of operation Date of What test confirmed diagnosis? Was there a	5.0
ER	15. MAIDEN NAI	ME S	Sarah Nar	су		23. If death was due to external causes (VIOLENCE) fill in also the follow	
MOTHER			wn)			Accident, suicide, or homicide? Date of injury	~
(State or country) 17. INFORMANT E.S. S. Hospital Records (Address) Md.					ч.	Where did injury occur?(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place East New Market Date, 5/10/379.					/IO/3,79•	Manner of injury	
19. UNDERTAKER Granville S. Le Compte. (Address) Cambridge, Maryland.						24. Was disease or Injury In any way related to occupation of deceased? If so, specify	. No.
20.	FILED MAS	18,1	953	E E W.	Registrar.	(Signed) (Addridge, M.)	Irlm. D.
	U		If more	blanks are needed, a		2411 N. Charles Seet, Baltimore, Requesting V. S. No. 1.	

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Example I	21	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state act statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(5009)
County Downsler	Registration Dist. No. 115
Village or City Pishing Creels	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I Jours Louise L	Jean
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (quite the word)	21. DATE OF DEATH
Teman when singes	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	May 28 1933 to May 30 1023
6. DATE OF BIRTH (month, dev, end year) Que Quel 2-1932	I last saw h 2 alive on Man 29 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 9 m.
9 2-8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Polar Pneumonia 5/23/
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc It. Total time (yeers) It. Total time (yeers)	131
SAW MILL, BANK, etc	(ningans)
O loate deceased last worked at this occupation (month end year)	
The companion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Sulley 1 Do and 14. BIRTHPLACE (city or town) disliming Create.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Some C. Parker 16. BIRTHPLACE (city or town) A Solizing Creaty	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT July 10000	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	· · · · · · · · · · · · · · · · · · ·
1. 1. C. Mac. 21	Manner of injury
Place Ostrono Date 193-3	Nature of injury
19. UNDERTAKER I'Many Cambrid and ma	24. Was disease or injury in any wey related to occupation of deceesed? NG
20. FILED May 30, 1933 James Meale	(Signed) And Co. Mandy M. D.
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly5,1927	Peritonitis	3 days ago
fay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
2	1915 1921 uly 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

9- 48 7

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (15070)
1. PLACE OF DEATH	
County Carchestone 170 LIMITE	Registration Dist No.
Village or City Cambulation	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	
2. FULL NAME Eliza Dillam h	Didon/ D
(a) Residence: No. 2 Colward Land (Usual place of abode)	St., 2 Wald Oarseldent give city Rown and State !
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR DR RACE Color DR RACE OR DIVDRCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Widows. Walter	1 HEREBUCERTIFY. That I attended decaysed from
C DATE OF BIRTH ()	1104 /3",1932,10 May 17 11,19 3.
6. DATE DF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h last salive on 1997, 1993, death is sald to have occurred on the date stated above, at 1990, and 1990,
11 C) 1 i l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, House Alach	1 Prance of man
9 Industry or business in which work was done, as SILK MILL	111
U 1D. Data deceased last worked at II Total time (years)	ashema 10/3:
this occupation (month and 2 and spent in this 30 occupation 30	t t
12. BIRTHPLACE (city or town) Assistant Cannal	Other Contributory Causes of importance:
(Stata or country)	weit of Jehhrit
13. NAME Daniel Cones	A 11/33
14. BIRTHPLACE (city or town) Welst outer ma	Name of operation. It 2nd
(Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME Maley James	23. If death was due to axternal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicial Date of injury 10 1,132
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT GRACE Comb	Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	The second second
Place Lamberd of Date May 20, 1933	Manner of injury 1500
10 HMOPPTANER & RALL ALL DA	
19. UNDERTAKER Transford Hat Arrange	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 2019 8 3 E & Wreft	(Signed) A Para Land Land M. D. M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

7.11.19.33 death is sald

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

	NAL SPACE FOR FURTH	
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)	y item of infor-	S should state	t of OCCUPA.	
•	T RECORD. Ever	LY. PHYSICIAN	. Exact statemen	
FOR BINDIN	IS A PERMANEN	stated EXACT	properly classified	certificate.
IN RESERVED	DING INK-THIS	. AGE should be	so that it may be	ections on back of
MARGIN RESERVED FOR BINDIN	B.—WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
. No. 1	B.—WRITE PLAIN	mation should b	CAUSE OF DE.	TION is very in

V. S. No. 1

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STATE OF MADVI AND CEDTIFICATE OF DEATH

1	. PLAC	E OF DEA	TH C	OF MINIC	ILAND	CERTIFICATE OF DI	U5071
	Count	v Dore	hester		STIMITS LIMITS	Registra	tion Dist. No. II6
			ambridg		66 yrs mo	No. Cambridge Md Ho f death occurred in a hospital or institution, give its N s. ds. How long in U.S. if of foreign birth	spital. St., 5 Ward
			orge F.			s	rgrsmosgs.
-						. A	
	(a) Ke	esidence: No	# IO Ro	(Usual place		St., 4 Ward.	ident give city or town and State
	PER	SONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICA	
	Male		R OR RACE	OR DIVORCE	RIED, WIOOWED, D (write tha word)	21. DATE OF DEATH	24 , 193 3 (Oay) (Year)
5a.	If marriad, HUSBAN (or) WIFI	widowed, or divo 0 of Ann E of	ie Dunn				1 F Y. That I attended deceased from
6.	DATE OF B	IRTH (month, day	, and yaar)	3/20/I	867	I last saw alive on My	24, 19.33; daath is said
7.	AGE	Yaars	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the data stated above, at	
		profassion, or pa	2	4	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated wera as follows:	Causes of importance
NOCCUPATION	10. Oate of this yes	rk was done, as S W MILL, BANK, a deceased last wor s occupation (mor ar) CE (city or town)	ked at nth and 5/I/	000	ime (years) nt in this 50 upation 50	Othar Contributory Causes of importanca:	
~		or country)	in Elli	ryland.			
HE	13. NAME	Lev			0		
FATHER		PLACE (city or to tate or country)		hester laryland		Name of operation	Date of
ER	15. MAIDE	N NAME	Louisa	Abbott	•	23. If death was due to extarnal causes (VIOLENC	
MOTHER		PLACE (city or to tate or country)	WII)	ster Co	unty,	Accident, suicide, or homicide?	the state of the s
17.	INFORMAN (Addra		e C. El		ind.	(Specify ci Spacify whether injury occurred in INDUSTRY, I	ty or town, county and State) n HOME, or in PUBLIC PLACE.
18.		REMATION, OR R ambride	emoval e, Md,	0ata 5/	26/33.	Manner of Injury	
19.	UNOERTAK (Addra:	EK	ville S Cambri		npte. Tryland.	24. Was diseasa or injury In any way related to o	ccupation of decaasad? No
20.	FILEO. 7/	May 25,1	<u>33</u>	E. E. 21	oeff Registrar.	(Signed) Jahra) (Address) Ann	and mid
		/	7.6	11 1 11	11 0 0 .		

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state N. B .- WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN See instructions on back of certificate. mation should be carefully supplied. TION is very important.

V. S. No. 1

1	. PLACE (TAILO	F MAR	YLAND-	CERTIFICATE	OF DEA	V5(172
			ester.	Elb conres	ATE LIMITS OF	46)	Duetak (Pe	TTC	
	Village or	CityC	ambridge		Of	No. 326 West death occurred in a hospital or instit	End Ave	St.,	Ward
					yrs,mos	ds. now long in 0,5,11	or roreign burth!	_~m	osas.
2			saac Gar			- 72			
	(a) Reside	ence: No	Cambrid	(Usual place	of abode)	St., 3 Ward.	If nonresiden	it give city or town and	State
	PERSO	NAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL C	CERTIFICAT	E OF DEATH	
	Male	4. COLO	R OR RACE White	OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	May (Month)	29th,	, 193 (Year)
5a. if married, widowed, or divorced HUSBAND of Gussie Walsky.						22. I HEREB		Y, That I attended	
6. 1	DATE OF BIRTH	I (month, de	v. and vear)	I87	5	Jast saw h elive on	May 2	9, 1 3	death is sald
		ears	Months	Days	if LESS than	to have occurred on the date sta	ited above, at 9	A.M.	
	1	70	x	x	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related cau	ses of importance	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1/2 1/3 7/3 11. Total time (years) spent in this 5000 11.			t	Cachex:	a John	mach	april 1.18		
work wes done, as SILK MILL, SAW MILL, BANK, etc.		x					-		
000	10. Date decea this occ yeer) -	sed last wor upation (mo	ked at onth and /2/3:	3 . 11. Total ti	me (years) It in this 50 pation				-
12.	BIRTHPLACE (Rus	ssia.		Dther Coptributory Causes of imp	portance:	is release	2
ER	13. NAME	Dani	el Garn	er,		Chlone	rephie	tis	4 2000
FATHER	14. BIRTHPLAC	CE (city or to	wn)	ussia.		Name of operation	clinis	Lal Date of	3/4
ER	15. MAIDEN N	AME J		arner.		What test confirmed diagnosis? 23. If death was due to external co	Aucas (VIOL ENCE)	Was there an	
MOTHER	16. BIRTHPLAC	CE (city or to or country)	wn) Russ	18.		Accident, suicide, or homicide?			
17.	INFORMANT(Address)		d Jacob mbridge		and.	Specify whether injury occurred	(Specify city o in INDUSTRY, In H	or town, county and Stat OME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, DR REMOVAL Piece ashington, D.C. Date 5/30/33.19					0/33.19	Manner of injury			
19.	UNDERTAKER _ (Address)	Gran	ville S Cambrid	Le Com		24. Was disease or injury in any	way related to occu	pation of deceased?	4
20.	FILED MA	429.	19.33	E 2 2	/seff_ Registrar.	(Signed) (Address)	embe	Law ne	M. D.
						,			

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20. FILED May 22 19

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OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Dorchester No. Eastern Shore State HospitaSt. Village or City Cambridge, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number) 2 vrs 8 mas. 23 ds. How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where deeth occurred__ 2. FULL NAME Cecilia W. Houston (a) Residence: No. Stockton. Md. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) May 22. Female White Single (Month) (Day) 5e. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. Thet I ettended deceesed from (or) WIFE of August 30. 19 30 to May 22. 6. DATE OF BIRTH (month, day, and year) August 7, 1900 7. AGE Years Months Days If LESS than 1 day .____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence 32 15 or min. were as follows: 8. Trede, profession, or particuler OCCUPATION kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. None 9. Industry or business in which work wes done, es SILK MILL, None SAW MILL, BANK, etc 10. Date deceesed last worked at 11. Total time (years) spant in this this occupation (month and occupation ... None Other Contributory Causes of importance: 12. BfRTHPLACE (city or town) _____ (State or country) FATHER 13. NAME Francis Houston Stockton 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there en europsy? No __ MOTHER Bessie Gibb 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Horntown Accident, suicide, or homicide? 16. BIRTHPLACE (city or town). Va. (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. E.S.S. Hospital 17. INFORMANT .. (Address) Cambridge 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? No. 19. UNDERTAKER

(Yeer)

Data of onset

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Cerebral hemorrhage, TREAL	July 5, 1927	Peritonitis	3 days ago
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MANUAL MESERVED FOR BINDIN	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	N. B.—WRITE PLAINLY	mation should be c	CAUSE OF DEAT	TION is very impo

	S" 1. PLACE OF DEAT		OF MAF	RYLAND—	CERTIFICATE OF DEATH 05074	Į	
	County Dore				23)		
	Village or City T		Teland	MA	No. X Registration Dist. No. 113		
	Length of residence in cit			(1)	No. X St., death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	_Ward	
	2. FULL NAME						
	(a) Residence: No.		s Islan		St., Ward. If nonresident give city or town and State		
	PERSONAL AN	D STATIST	ICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH		
		r or race	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Na.y 22 , 1937 (Month) (Dev) (Ye		
5a.	. If married, widowed, or divor HUSBAND of (or) WIFE of Walt	er Hurl	ey. (Separated			
6	DATE OF BIRTH (month, day	and year)	TT/TO/	T883	I last saw here alive on 2007 19 19 19 19 19 19 19 19 19 19 19 19 19		
_	AGE Years	Months	Days	If LESS than	to have occurred en the date stated above, 4 5.00 m.A.M.	12 2910	
	49	6	I2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:		
OCCUPATION	8 Trade profession or particular			IC D D . and CD Dated	ot onset		
1000	SAW MILL, BANK, e 1d. Dato deceased last worl this occupation (monyeer)	ked at the and	SD	time (years) ent in this cupation			
12	BIRTHPLACE (city or town). (State or country)	Dorch	ester Maryla	County nd.	Other Contributory Causes of Importanca:		
ER	13. NAME James	Could					
FATHER	14. BIRTHPLACE (city or too (State or country)	wn) Dor	cheste:	r County land	Name of operation Date of Was thera an autopsy?		
ER	15. MAIDEN NAME H	ester (Cooper		23. If death wes dua to axternal causes (VIOLENCE) fill in also the following:		
MOTHER	16. BIRTHPLACE (city or too (Stata or country)	Dox	cheste:	r County	Accident, suicide, or homicide?)	
17. INFORMANT Wm. H. Newcomb. (Address) Taylors Island, Md.				Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18	BURIAL, CREMATION, OR RI		M64e 5.	/23/33 ₁₉	Manner of Injury		
	. UNDERTAKER Gran	Cambri	dge, H	mnte aryland.	24. Was disease or Injury in eny way related to occupation of decaased?		
20.	FILED May 21	9.33	Pn	Registrar,	(Signed) (Address) Bunchedge ned	M. D.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importances		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	ONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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MARGIN RESERVED FOR BINDIN N. B.—WRITE PLAINLY, WITH UNFADING INK-TI TION is very important. See instructions on back mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

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HIS IS A PERMANENT KECUKD, Every Item of	be stated EXACTLY. PHYSICIANS shoul	be properly classified. Exact statement of OC	of certificate.
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STATE OF MAR	YLAND—CERTIF	CATE	OF	DEATH
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1	. PLACE OF	DEATH	# 17 mg			3 U5075
	County	Do	rcheste	er	TE LIMITE OF	Registration Dist. No. 116
			mbridge	2. 1.d.	(If	No. 231 Pine St. St., 2 Wal (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. c
2						
		e: No. Ca				St., Ward. If nonresident give city or town and State
		AL AND S	-			MEDICAL CERTIFICATE OF DEATH
3. 3	Female	4. COLOR OR		OR DIVORC	RR1ED, WIOOWED, ED (write the word)	21. DATE OF DEATH May 29 , 193 3 . (Month) (Oay) (Year)
	If married, widowe HUSBANO of (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from the state of the s
	AGE Year Stil 8. Trada, profess	s l-born	Months	7 29. 19 Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows: Oute clone:
	9. Industry or b work was SAW MILI 10. Data decease this occup	dona, as SILK M., BANK, etcd last worked e ation (month any or town)	t d	11. Total sp	time (years) ent in this cupation	Other Cautributery Causes of importence:
FATHER	13. NAME			rd Bosl		
	14. BIRTHPLACE (State or		Cant Md.	ridge,		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?N
MOTHER	15. MAIOEN NAM	AE Wil	dred Sc	dian Ja	umes	23. If death was due to external causes (VIOL ENCE) fill in also the following:
		country)	Md.	ıt e (Har	y Stiles)	Accident, suicide, or homicide?
18.	BURIAL, CREMATI	ON, OR REMOV	AL		34 ,19 33	Mennar of Injury
	UNOERTAKER(Address)	Cambr	idge. h		Wolf	24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) E. Z. Welff. S. M. (Address) Cambridge, Maryland.
					Registrar.	(Mouress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

MARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUEBAU W.	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	111112
Gallstones	May 1,1923	Gastroenteritis	1 year

of Occupa N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information change he accorded to the control of the control PHYSICIANS should state Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Doubester	Registration Dist. No. 115
Village or City Galden Hill, (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If o1 foreign birth?yrsmosds.
2. FULL NAME Steel Born John	250
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 12/33	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated abova, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	X00 - 2 - 1 - 2
SAWYER, BOOKKEEPER, etc.	Tomation (Section)
work was done, as SILK MILL, SAW MILL, BANK, etc.	tota theis Gistalian
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	5 my 3
yaar) spent in this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) C elling Wile	Other Contributory Causes of importance:
(State or country)	olling cause untin our
I 13. NAME It erber draver	
14. BIRTHPLACE (city or town) Galden Lie	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME many dasabelly Johnson	23. II death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME to any deadless of the service of t	Accident, suicida, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Many Johnson Will Md (Address) golden Will in Md	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner o1 injury
Place Sulden Hul, Date May 12, 1933	Nature of injury
19. UNDERTAKER Richard Johnson (Address) Galder Hus me	24. Was disease or injury in any way related to occupation of deceased? \(\sqrt{1} \sqrt{1} \)
20. FILED May 12, 1933 James W. Weade	(Signed) James W. D. M. D. (Adoless) Distring Crele had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

N. B.—WRITE PLAINLY

should state of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	WITEIN OORPO	BATE LIMITS	(31)
County Dorchester			Registration Dist. No. II6
	dge, Md.	(1)	No. 217 High Street St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William	T. Jones	3.	
(a) Residence: No. 217 Hi		•	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH May 23rd (Month) (Oay) (Year)
5e. If married, widowad, or divorced HUSBANO of METY I. L. (or) WIFE of	ewis.		22. HEREBY CERTIFY, That I attended deceased from 1931, to 200, 1933
6. DATE OF BIRTH (month, day, and year)	3/1/187	70	I last saw h alive on 22 2 3 (19.33; death is said
7. AGE Yaars Months	0ays 22	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, et 9 . 15 m It . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	hester Co	e (years) in this 22 ation 22	Other Contributory Causes of Importanca: Wenned Aircraft Other Contributory Causes of Importanca: Wenned Aircraft Other Contributory Causes of Importanca:
(State or country) "I 13. NAME Seth H. Jone	Maryland.		Chronic nephritis bluvations
H 13. NAME Seth H. Jone 14. BIRTHPLACE (city or town) (State or country)	Pa.		Name of operation Oats of What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Sarah II	Marshal	1.	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah H 16. BIRTHPLACE (city or town) DO (State or country)	chster Co	nunty	Accident, suicide, or homicide?
17. INFORMANT Mrs. Mary Cambric	V. Jones.	land.	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Anitoch, Nd.		5/33,19	Manner of Injury
19. UNOERTAKER Granville (Address) Cambrid	S. LeComp ge, Mary	te. Tand.	24. Wes disease or Injury In any way ralated to occupation of decaasad?
20. FILEO May 25, 19.33	E. E. Wal	H Registrar.	(Signed) John More M. D. (Address) Cambridge Jacob

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
		•	

plnoys PHYSICIANS RECORD. Every statement Exact PERMANENT classified. × properly S THIS be may UNFADING INK that supplied. terms. plain carefully H OF DEATH plnods

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FOR

RESERVED

MARGIN

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA-1. PLACE OF DEATH Dorchester County Registration Dist. No. Village or City Cambridge Md. No. Eastern Shore State Hospita St., (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred 4 vrs 9 mos 5 ds. How long In U.S. if of foreign birth?_____yrs.____mos.____ds. Lillian Langston 2. FULL NAME (a) Residence: No. Salisbury. Md. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Female Divorced (Month) (Dav) (Year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended deceased from Clarence Grimm 1930 to May 16. 6. DATE OF BIRTH (month, day, and year) September certificate Days to have occurred on the date stated above, at 3:45A.m. 7, AGE Years Months If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 19 or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. Jo Actress SAWYER, BDDKKEEPER, etc back 1 Industry or business in which Stage work was done, as SILK MILL, SAW MILL, BANK, etc. On 1D. Date deceased tast worked at 11. Totat time (years) this occupation (month and spant in this 25 yrs instructions Other Contributory Causes of importance Cincinnat: 12. BIRTHPLACE (city or town). (State or country) Ohio FATHER 13. NAME Parcells Langston Frank Unknown See 14. BIRTHPLACE (city or town) (State or country) Kentucky What test confirmed diagnosis? Was there an autopsy 200 MOTHER Mary E. McLaughlin important. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) filt in also the following: Indianapolis. 16. BIRTHPLACE (city or town) Indianna (State or country) Where did Injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE, 17. INFORMANT E.S.S. Hospital Records very 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE AUSE Date / mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NO. 19. UNDERTAKER (Address) If so, specify 20. FILED / / MM Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUKKAU			
Other contributory causes of importance:		Other contributory causes of importance:	K TE
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	10.00

		Several Control of the Control of th	
		TO 1 19 . 61 . 100 . Lat	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be catefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH-in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05080
1. PLACE OF DEATH	210:00
County O o Chisti	Registration, Dist. No.
Village or City Cambridge	No. Carefully Mr. Horself St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S.If of foreign birth?yrsmoads.
2. FULL NAME Suther See	
(a) Residence: No. Read of on mil.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Copy) (Year)
5e. If merried, widowed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) hay 39 - 1908	I last sew h elive on \ \ 1962 ; death Is sald
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et. 3 45 m.
74 - 13 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade profession or perticular	Were as sollows: Date of onest
SAWYER, BOOKKEEPER, etc. Jaku fullmin	Tex.
kind of work done, as SPINNER, Jahn Salver SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month and the constitution).	1533
11. Total time (years) Couper this occupation (month and May 183 occupation occupation)	
ml	Other Contributory Carges of importance:
12. BIRTHPLACE (city or town) (State or country)	Tilid + tibila
# 13. NAME + Willie Seel	
13. NAME + VVIIII Jell 14. BIRTHPLACE (city or town) - +	Name of operation augustation about 1me Date of 1/16-35
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Link mes	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME STILL MASS 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 574, 1933
State or country)	Where did Injury occur? An Comety Road hea Rend From Mad
17. INFORMANT (Address) Committee Co	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Strucky auto
Place Warigh Cernetery Date May 17, 1997	Nature of injury lour Common to agree high talish ofilely
19 UNOBRESKER TYM 1 Comments	24. Was disease or injury many was practice of occupation of deceased?
(Address) 308 Miles At, Cambridge Md.	If so, specify Orrered To
20. FILEO May 11, 19 33 C. 2 Wolff Registrar.	(Signed) M. D. (Address) Steelbring & M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL	CDACE BOD	DITEMBLE	OF A TEMENITO	DV	DITUCTOTAN
ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BI	PHISICIAN

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPAproperly classified. MARGIN RESERVED FOR BINDIN See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05081
1. PLACE OF DEATH	(30)
County Duchestu.	Registration Dist. No. 1/6
Village or City (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3 - yrs. 7 - mos.	
2. FULL NAME Charlie D.	Linthicum.
(a) Residence: No	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) ang - 22 1902	I last sew h alive on 19 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et
30 9 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Farm hand	Tubullinia Buss,
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the company) this occupation (month and the company) this occupation (month and the company) 10. The same of the company of the compan	
Date deceased last worked at this occupation (month and 14-1933 spent in this occupation 10. Total time (years)	
Darlin Lord Charles Darlin	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Ses. Lake Firthicum	
13. NAME See Jake Firstlicum 14. BIRTHPLACE (city or town) Inadian	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Saffria Chase 16. BIRTHPLACE (city or town) Wasefords (State or country)	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Wasefords	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Fillie Slymour (Address) madron, md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2	Manner of Injury
Plece Xhadison, and Date May 31, 1933	Nature of injury
19. UNDERTAKER Druld Richardon	24. Was disease or injury in eny wey related to occupation of deceased?
(Address) Claud Couk, Ind	If so, specify
20. FILED May 31, 1933 SSWalf	(Signed) M, D.
Registrar.	(Address)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AN HOUSE	,		
Other contributory causes of importance:	v, 4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-05023 OCCUPA 1. PLACE OF DEAT Jo should Registration Dist. No. Village or Ci NAME instead of street and number) S Length of residence in city statement How long in U.S. if of foreign birth? PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 5e. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days If LESS than to heve occurred on the date stated above 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were es follows: Date of onset 8. Trade, profession, or particuler NOI kind of work done, es SPINNER. RESERVED Jo SAWYER, BOOKKEEPER, etc. OCCUPAT should may Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased lest worked at . Total time (years) this occupation (month end spent in this that yeer) instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or toy Name of operation... (State or country) carefully What test confirmed diegnosis? d 15. MAIDEN NAME HE 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?____ DEATH 16. BIRTHPLACE (city or town) E (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should (Address) OF 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE mation NOLL Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF	MARYL	AND-CERTI	FICATE O	F DFATH
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1. PLACE OF DEA	ATH .	ITEID OORP	RATE LIBITE	<u></u>	05084
Village or City	Camb			Registration No. 13 Phillip death occurred in a hospital or institution, give its NAM	Ct Word
Length of residence in	city or town where o	leath occurred	yrsmos		
2. FULL NAME	Infant	miss	ter (El	lan Forise	
(a) Residence: No.	13 000	(Usual place	-(-k-d-)	St., Ward.	10
PERSONAL AI	ND STATIST			MEDICAL CERTIFICATE	give city or town and State
3. SEX 4. COL	OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	77
	olond	de	ingle	(Month)	(Day) (Year)
5a. If merried, widowed, or div HUSBAND of (or) WIFE of	vorced			22. I HEREBY CERTIF	
6. DATE OF BIRTH (month, d	ay and year) Q	non 27	-1933		, 19; death is said
7. AGE Years	Months	Days	If LESS than I day, 4/2_hrs.	to have occurred on the dete stated above, at 4.30 The PRINCIPAL CAUSE OF DEATH end related caus	<i>P</i> m.
8. Trade, profession, or kind of work done SAWYER, BOOKKE	as SPINNER.	none	ormin.	Premating Birth	Date of onset
Kind of work done SAWYER, BOOKKE SAWYER, BOOKKE Industry or business work was done, as SAW MILL, BANK, O. Dato deceased last w	in which SILK MILL.	nome			
0. Date deceased last we this occupation (myear)	orked at onth and	spei	me (years) nt in this pation		
12. BIRTHPLACE (city or town (State or country)	,-Cam	bridge,		Dther Contributory Causes of importance:	
1	ner A.	miste	r.		×
13. NAME A 2 14. BIRTHPLACE (city or to (State or country)	town) Wa	nd.		Name of operation	2
15. MAIDEN NAME	Parlic E	Bails	41.		
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)		mod.		23. If death was due to external causes (VIOLENCE) fill Accident, sulcide, or homicide? Where did injury occur? (Specify city or	Date of injury, 19
17. INFORMANT 6a	mbridge	, und		Specify whether injury occurred in INDUSTRY, in HO	ME, OF IN PUBLIC PLACE.
18, BURIAL, CREMATION, OR Place Madle	REMOVAL Ind.	Dete Israe	28 ,1933	Manner of injury	
19. UNDERTAKER OF	in Wi	lan		24. Was disease or injury in any way related to occupa	ation of deceased? Les
20. FILED Gray 28	1933	SEWie	Registrar.	(Signed) E & Woeg (Address) Cambridge	E. Ind. M.D.
	7.0		11 0		

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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(Address) REMOVAL

18. BURIAL, CREMATION, OR

19. UNDERTAKER (Address) 20, FILED Day

If so, specify (Signed)

24. Was disease or Injury In any

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of Injury

Nature of injury

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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FOR

MARGIN RESERVED

V. S. No.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1936au	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	tem of infor-	should state	of OCCUPA-	1
•	RECORD, Every i	PHYSICIANS	Nact statement	
V. S. No. 1 MARGIN RESERVED FOR BINDIN	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-statement of OCCUPA-	ficate.
VED FOI	-THIS IS	ald be state	ay be prop	ick of certif
N RESER	JING INK-	AGE shou	so that it m	ctions on ba
MARGI	TH UNFAI	lly supplied.	olain terms,	See instru
5	AINLY, WI	ld be carefu	DEATH in 1	TION is very important. See instructions on back of certificate.
0	-WRITE PI	mation shou	CAUSE OF	TION is ver
V. S. No	N. B			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	40
County Worshister	Registration Dist. No. // 6
Village or City Combridge	No. St. Ward
Length of residence in city antown where deeth occurred (If	death occurred in a horpital or institution, give its NAME instead of street and number) A., ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME & a lee (1) Hield	1 10 11
h 15 = 10 1010 11	
(a) Residence: No. 4 / Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED/(write the word)	21. DATE OF DEATH Thay (Month) (Oay) (Year)
5a. If merried, widowed, or divorced	
(or) WIFE of Gawerd Tulleky	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end yeer) Det & 9 1864	I last saw h_ev on may 2! 0,19 33; deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 2.30 P.m.
68 76 2A 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER,	Carceyoura of Househ Date of onset
SAWYER, BOOKKEEPER, etc. Young Wards	metastagies to lines 7
Nork was done, es SILK MILL, SAW MILL, BANK, etc	(acheria gm.1833
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 11. Total time (yeers) spent in this occupation	
54- / /	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) of attyland (State or country)	Gerand nepands
13. NAME of that of willey	Survey mercus
14. BIRTHPLACE (city or town)	Neme of operation None Date of
(State of Country)	What test confirmed diegnosis? Clemical Was there an eulopsy? No-
I 15. MAIOEN NAME Salle motray	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Salle Morray 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Oete of injury, 19
(Siele di County)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT A COMPANY (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place and hew May 239 33	Neture of injury
19. UNDERTAKER A. H. Willewayhly.	24. Was disease or Injury, in any, way related to occupation of deceased?
(Address) Carther Market	If so, specify larger many
20. FILED Bray 22, 1933 & E. E. Wolff	(Signed) If yell, M. Fall M. D.
Registrar.	(Address) Cafferneder, Ma
15 more vianks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bushana			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	111111111111111111111111111111111111111	The order of the o	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
<u></u>			

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	-	-		c

PHYSICIANS should state of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK -- THIS IS A PERMANENT RECORD. Every item of in Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DE	ATH				0053
	CountyDo	rchester			Registration Dist. No.	116
	Village or City			(II	No Eastern Shore State Hospitalst., f death occurred in a hospital or institution, give its NAME instead of street and r ds. How long in U.S. if of foreign birth? yrs. mo	umber)
					THIS CONTRACTOR OF THE CONTRAC	
	(a) Residence: No.		es See ueen Anne	County, Mo	St., Ward. If nonresident give city or town and	State
	PERSONAL A	* * * * * * * * * * * * * * * * * * *			MEDICAL CERTIFICATE OF DEATH	Diato
3.	SEX 4. CO	LOR OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH May 23, (Month) (Day)	, 193 3 (Year)
5a.	. If married, widowed, or d HUSBAND of (or) WIFE of				22. 1 HEREBY CERTIFY, That I attended	
	DATE OF BIRTH (month, AGE Years 25	Months 8	ptember 1 Deys	O, 1907 If LESS than 1 day,hrs. ormin.	I last saw h in alive on May 23, 1933 to have occurred on the date stated above, at 6 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
OCCUPATION	8 Trade, profession, on kind of work do SAWYER, BOOK! 9. Industry or busines: work was done, SAW MILL, BAN 10. Dete deceased last this occupation (ne, es SPINNER, KEEPER, etcs in which es SILK MILL, K, etc	Farm Hand Farms 11. Totel ti	t in this	Suffocation from burying head in pillow while having an epileptic seizure	5/23/33
12	BIRTHPLACE (city or tow (State or country)		urch Hill	pation Life	Other Contributory Causes of Importance:Epilepsy-(Grand-Mal)	1909
ER	13. NAME Dorse	ey See				7303
FATHER	14. BIRTHPLACE (city of (State or country		h East		Name of operetion Date of Whet test confirmed diegnosis? Was there an a	
15. MAIDEN NAME Fannie Usilton 16. BIRTHPLACE (city or town) North East (State or country) Md. 17. INFORMANT E.S. S. Hospital (Address) Cambridge Md. 18. BURIAL, CREMATION, OR REMOVAL					23. If deeth wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? ACCIDENT Date of injuryMay	: 23, ₁₉ ,33
					Where did Injury occur? Cambridge, Dorchester Co., Md. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Lastern Shore State Hospital Manner of injury Buried head in pillow.	
19. UNDERTAKER If m. D. God.			Dete May	L 25,1933 W	Nature of Injury Suffocation from same. 24. Was disease or injury In any wey related to open pation of deceased? No	
20. FILED May 23, 1933 E. E. Worff.					(Signed) Cambridge May	Ш м. D.
	0	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STREET V 8.			
Other contributory causes of importance:		Other contributory causes of importance:	F-13
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

10

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05572
1. PLACE OF DEATH	2
CountyDorchesters	Registration Dist. No. 110
Village or City nr. Secretary	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillborn Shufelt	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH May 17, 193 3
5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) May 17, 1933	Holmei , 19 , to Wo time , 19
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated ebove, at P_m.
2 suo abortion or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	about I mouthe sectation
Industry or business in which work was done as SLLK MILL.	Stillborn
SAW MILL, BANK, etc	
10 Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) nr. Secretary	Other Contributory Conses of Importance:
(State or country) Dorchester Co.	
I 13. NAME J. Lee Shufelt	
14. BIRTHPLACE (city or town) Secretary	Name ol operation Date of
(State or country) Md.	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Hilda J. McWilliams	23. I1 death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Secretary	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country) Md. 17. INFORMANT New Jew Shufel 1 (nother)	Where did injury occur? (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Secretory	
18. BURIAL, CREMATION, OR REMOVAL Place OU Promise Date 5, 7, 19 3 3	Manner of injury
19. UNDERTAKER follie Jee shight	24. Was disease or injury in any way related to occupation of deceased?
20. FILED	(Signed) Moger Muers M.D. 33 (Address) Howard and
Registrati. 7	

stillborn

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	in the second	Example II	
The principal cause of death and related causes of importance were a follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
			1000

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

V. S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

O + + ADDITIONAL SPACE FO	R FURTHER STATEMENTS BY PHYSICIAN
Solven had been	Fremusk treated by Dr
Call Cambridge The	In "Carelmoma Utendo"

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN

V. S. No. 1

1. PLACE OF	F DEATH			CERTIFICATE OF DEATH 05091
County	Dorches	ter.	ORATE LIBITE	Registration Dist. No.
Village or C	ityCambrid	ge, Md.	(31	No. St., War lf death occurred in a horpital or institution, give its NAME instead of street and slumber)
Longin of foot	ocheo in city of town where	death occurred		sds. How long in U.S.if of foreign blrth?yrsmosd
2. FULL NA	ME Howard	P. Spedd	en.	
	ce: NoOa		The second secon	St., Ward. If nonresident give city or town and State
	AL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH
. SEX	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH
Male	White	Marrie	and the state of t	193 (Year) 193 (Year)
i. If married, widow HUSBAND of	ed, or divorced			22 LUEDERY CERTIFY TO A STATE OF THE STATE O
(or) WIFE of	Minnie E	. Apples	arth.	22. I HEREBY CERTIFY, That i attended deceased fro
DATE OF BIRTH				i last saw h in alive on har at are 19 death is sa
AGE Yea		May 10.1	If LESS than	to have occurred on the date stated above, at _/OA_m.
	0 11	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc.	1 20	ormin.	were as follows: Date of one
9. Industry or work was SAW MIL 10. Date decease this occur year)	business in which s done, as SILK MILL, m. L, BANK, etc		na (years) t in this pation 30 yrs	Other Coutributory Causes of importance:
13. NAME	Thomas E.	Spedden		
	(city or town)			Neme of operation Date of
(State or		d.		Whet test confirmed diagnosis?
15. MAIDEN NAME Susan Frazier. 16. BIRTHPLACE (city or town). (State or country) Md				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT	Mrs. Howar	d Moore.		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL 1.933. Place Cambridge, Md. Date May 7, 1,933.				Manner of injury
19. UNDERTAKER Frank E. Albaugh. (Address) Cambridge, Md. C. 2.1.2.2.4			•	24. Wes disease or injury in the wey eladed to occupation of deceased? If so, specify
O. FILED. May	7.6.,19.5.5	······································	E. Wolff Registrar.	(Signed) (Address) Sacustriage Auty, Corrows, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUBRAU .			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Klar La

5/200

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN

V. S. No. 1

County Andrews (1) County (1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Length of residence in city or town where death occurred in a boptist of institution, give in NAME instead of street and number) 2. FULL NAME (a) Residence: No. 1 7	1. PLACE OF DEATH	(9:2)
Village or City Length of residence in city or town where death occurred in a boptist of institution, give in NAME instead of street and number) 2. FULL NAME (a) Residence: No. 1 7	County Dorchester BATE LIMITE O	Registration Dist. No. 1/6
Length of residence in city or town where death occurred the stress of the country of the countr	0 0 1	A1
2. FULL NAME (a) Residence: No. 21.7 (Custiface of shools) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WHOWED, OR DEPORT OF CONTROL (North the word) 5. If married, widowed, or diversed (OR) Wife of the word of the w	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
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(Address) 308 Meir St. Cambridge MA If so, specify — (Signed) Caroll Int Clay M. D. (Signed) Caroll Int (Address) Cambridge MA (Address) Cambridge MA	Place County Date 1923	Nature of injury
20. FILED May 9, 19 33 E & Wolff (Signed) Caroll Inst Clay M. D. Registrar. (Address) Combusque Trad	19. UNDERTAKER / N. M. Claus.	24. Was disease or injury in any way related to occupation of deceased?
Registrar. (Address) Combudge MA	(Address) 308 Meier St. Cambredge MA	If so, specify
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	c 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MIN 123	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1 2 2			•	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Alarosperter	Registration Dist. No. //6
Village or City of and and the College H	O No. Julia St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where deeth occurredyrsmos.	
2. FULL NAME / Melophilies Care	(STAFFORD)
(a) Residence: Np. Aa Res U (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write, the word) Male OC Mureel	21. DATE OF DEATH MEAN 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Paulino Stafford	1 HEREBY CERTIFY, That I attended deceased from hears 23, 1935, to hears 2, 1935
6. DATE OF BIRTH (month, day, end year)	I last saw him elive on 2007 1, 1955; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4.3.2m.
/3 / / ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, a particular	Diaghagiati herma with
SAWYER, BOOKKEEPER, etc.	performance sources 200. 1755
work was done, as SILK MILL, Canung Lactory SAW MILL, BANK, etc.	emperenta.
kind of work done, as SPINNER a because SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Canning factory SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end Text) of the spent in this occupation (month end Text).	
12. BIRTHPLACE (city or town) Lekesville	Other Contributory Causes of Importence:
(State or country)	
13. NAME JUNK HEAT TONE	
13. NAME JUNE SCATTON SALES VILLE (State or country)	Name of operation Incested belown Date of 14 (1999
(otate of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME IMMA TEEM	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME MULA Ceene 16. BIRTHPLACE (city or town) Lakesuille (State or country)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT authoris & Coffore (Address) - participated on mile	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Laborville gate May X, 1933	Neture of Injury.
19. UNDERTAKER Donald Rechouleve	24. Was disease or Injury In eny way related to occupation of deceased?
20. FILED May 3, 19 33 DEW of Activities	(Signed) G. T. Tarres M. D. (Address) Lawles D. N. D.
· ·	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	10	Example II	
The principal cause of death and rotated causes of importance were as follows:	Date of anset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	196	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	21921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	2/		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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A	A	1	
14	7	1) -
1.	1	J	

PHYSICIANS should state N. B .- WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

	S	TATE OI	F MAR	YLAND-	CERTIFICATE OF DEATH	0.1
1	. PLACE OF DEAT	H erry	ler e		(31)	J4
	CountyD	orcheste	r	ATO LIMITE	Registration Dist. No.	16
	Village or CityC				NoSt.,	Ward
				(If	death occurred in a hospital or institution, give its NAME instead of street and nu- ds. How long in U.S. if of foreign birth?	
,	. FULL NAME	w	We 1+c	n Thomas		
	(a) Residence: No.			optank A		itate
garante .	PERSONAL AND	STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3. 3		OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 42 31, 1933	193
5e.	If married, widowed, or divor		31,4-2.3	164.	()	(Year)
	HUSBAND of (or) WIFE of Sar	ah K. Sy	edden.		22. I HEREBY CERTIFY, That I attended do	eceased from
			7000001		13	, 19.2.2.
-	DATE OF BIRTH (month, day, AGE Years	Months Months	y 9 18	If LESS than	to heve occurred on the date stated above, at 3.15 . A.M.	death Is said
	78	10	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	, 0		20	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.			0		Plantage and to	7
OCCUPATION			Carper	iter.	anierlah Likillatian	7
CUP	Industry or business in work was done, es SI SAW MILL, BANK, et	ic.			Cerebral appropriate	10 Lang
Ö	1D. Date deceased last work this occupation (mon	th end	spe	ime (years)		
-	year)		t occ	upation 40yr	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town)_ (State or country)	Dorch	nester	Co.	Chronic nepotratio	
ER	13, NAME Ale	xender 1	homas.			
FATHER	14. BIRTHPLACE (city or tow	vn)			Name of operation	
-	(State or country)	Ma	•		What test confirmed diagnosis? Chureed Was there en au	topsy?24
OTHER	15. MAIDEN NAME	rgaret :	Mare	hell.	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:	
OTI	16. BIRTHPLACE (city or toy				Accident, suicide, or homicide? Date of injury	, 19
E	(State or country)	Md.			Where did injury occur? (Specify city or town, county and State)	
17.	(Address)	lson The			Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	DE.
18.	BURIAL, CREMATION, DR R	bridge,	Mills		Manner of Injury	
	Place Gambrid	ge, Md.	Date Jur	1e2-1933	Nature of injury	4000000
19.	. UNDERTAKER	-Frank-I			24. Wes disease or Injury In any way related to occupation of deceased?	V.o
	1	Cambrid	lge, Md		(Signed) Wyle M Jaev	M D
20.	FILED June 1, 1	9.03	2.2.6	Registrar	(Address) Carabackee Led	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH Jo pluods County Registration Dist. No. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth?_____yrs.____mos.___ statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIYORCED (write the word) classified. (Dev) (Yeer) 5e. If married, widowed, or divorced PERMANE HUSBAND of BINDIA ERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. and yeer) certificate properly 7. AGE Days FOR Months If LESS than to have occurred on the date stetad ebova, at stated The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular THIS MARGIN RESERVED OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.___ plnods may 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc 10. Dete deceesed last worked at 11. Totat time (years) no this occupation (month and spent In this that vear) instructions occupetion ... UNFADING Other Contributory Causes of importence: 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully Whet test confirmed diegnosis? MOTHER 15. MAIDEN NAME 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: E Accident, suicida, or homicide?______ Dete of Injury______ 19___ 16. BIRTHPLACE (city or town) OF DEATH (Stete or country) be Where did injury occur? ____. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Menner of injury CAUSE mation LION Nature of injury 24. Was disease or injury In any way related to occupetion of decaased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED May 5 ż Registrar. (Addfass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDIN

V. S. No. 1

SIAIL (OF MARY	rland—	CERTIFICATE	OF DEA	TH (5096
County one	1112		(0)			///
(O)	. 0		010	Registration D	oist. No	1.9
Village or City	death occurred	(i)	f death occurred in a hospital or institu	tion, give its NAME	instead of street and	ward number)
W.	Dage	yrs,mos	s	i toteign bitting	yrs	mosds.
2. FULL NAME	a Tong					
(a) Residence: No.	(Usual place o	f abode)	St., Ward.	If nonresident ai	ive city or town ar	d State
PERSONAL AND STATIST			MEDICAL CI	ERTIFICATE		I DANC
3. SEX 4. COLOR OR RACE Cul	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	May	8	, 193
5a. If married, widowed, or divorced	100	700		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of			22. HEREBY	CERTIFY	. That I attende	d deceased from
7	1.6. 60.	6	18	19.36 to	tc.	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	I IS LECC AL-	I last saw h alive on		(X, 19 <i>6.</i> }_	; death is said
atile Proh	Days	If LESS than I day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:		of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	m		- Al-			
SAWYER, BOOKKEEPER, etc.		/	SILON	My t	villes	
work was done, as SILK MILL, SAW MILL, BANK, etc.	um	4	- Marie	18000		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		ne (years)				
12. BIRTHPLACE (city or town) (State or country)	nl		Other Coatributory Causes of impo	rtance:		
I / FI/A C. A	ma like	,				
E	mil			2221		
4 14. BIRTHPLACE (city or town) (State or country)	//- / (Name of operation	2799	Date of_	
	gon	<u>.</u>	What test confirmed diagnosis?			
Ŧ.	mud,	7	23. If death was due to external cause	201)		
16. BIRTHPLACE (city or town)				Da	te of injury	, 19
17. INFORMANT Surva (Address) Ca	young	A70	Where did injury occur?	(Specify city or to INDUSTRY, in HOM	wn, county and Sta E, or in PUBLIC P	nie) LACE.
18. BURIAL, CREMATION, OR REMOVAL	-		Manner of injury	ny		
Place Cordloin	Date	8 ,1967	Nature of Injury	7		
19. UNDERTAKER WAGEN	white l	Factor +	24. Was disease or injury in any wa	ay related to occupati	on of deceased?	nd
20. FILED May 8 1, 19 33	E & Wo	eff	If so, specify (Signed)	300	Ch The	M. D.
4		Registrar.	(Address)	- an	of my	1,
If more	blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Reg	questing V. S. No. 1.		

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